



**STATE OF TENNESSEE  
LAW ENFORCEMENT AGENCY DATA SHEET**

DATE: \_\_\_\_\_

LEA: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NUMBER OF FULL-TIME SWORN OFFICERS: \_\_\_\_\_  
NUMBER OF FULL-TIME SWORN NARCOTIC OFFICERS: \_\_\_\_\_  
NUMBER OF FULL-TIME SWORN TACTICAL OFFICERS: \_\_\_\_\_

**SCREENERS/WEAPONS POC MUST BE AUTHORIZED BY THE GOVERNOR-APPOINTED STATE COORDINATOR**

**SCREENER #1:** \_\_\_\_\_  
RANK / NAME

**SCREENER #2:** \_\_\_\_\_  
RANK / NAME

**SCREENER #3:** \_\_\_\_\_  
RANK / NAME

**SCREENER #4:** \_\_\_\_\_  
RANK / NAME

**WEAPONS POC:** \_\_\_\_\_  
RANK / NAME

**CHIEF EXECUTIVE OFFICIAL SIGNATURE:** \_\_\_\_\_  
(SHERIFF, CHIEF, DIRECTOR)

**FOR FEDERAL/STATE USE ONLY**

**STATE COORDINATOR SIGNATURE:** \_\_\_\_\_

**DLA/LESO AGENCY SIGNATURE:** \_\_\_\_\_